

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90345 018 ***150.00

NOTAR AV

DOCUMENT # P01000052682

1. Entity Name
OPTICAL BENEFITS, INC.



Principal Place of Business
**450 SR 13 NORTH
SUITE 107
JACKSONVILLE FL 32259**

Mailing Address
**1301 RIVERPLACE BLVD., STE. 1918
JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

450 SR 13 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 107

City & State

City & State

JACKSONVILLE, FLORIDA

Zip

Country

Zip

Country

32259

UNITED STATES

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3727624**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOKES, DEBORAH L
2229 VINSON LANE
JACKSONVILLE FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

DEBORAH L. STOKES, President 1/22/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **STOKES, DEBORAH L**
STREET ADDRESS **11859 ACOSTA ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **STOKES, KAREN D**
STREET ADDRESS **652 HUMMINGBIRD COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03 904 399 3690 x230

Date

Daytime Phone #

CR2E034 (10/02)